WRIGHT WAY MEDICAL STAFF LLC Vendor

4727 N CO RD 300 E Remit to: FRANKFORT IN 46041

WRIGHT WAY MEDICAL STAFF LLC Name and

Address Cntct: TINA LAUGHNER of Vendor: 4727 N CO RD 300 E FRANKFORT IN 46041

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 08/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 208366073 Vendor Federal ID: Vendor Telephone Nbr: 765-258-3580 Name Of Contact Pers: TINA LAUGHNER 765-358-3590 FAX Number:

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT	Article and Description	Unit Price
1	99,999,999.0	0 HUR000000000100057018 Shift 1	Licensed Practical Nurse, Laporte District, Regular	34.5800
2	99,999,999.0	0 HUR000000000100057019 Shift 2	Licensed Practical Nurse, Laporte District, Regular	34.5800
3	99,999,999.0	0 HUR000000000100057020 Shift 3	Licensed Practical Nurse, Laporte District, Regular	34.5800
4	99,999,999.0	0 HUR000000000100057021 Holiday/Overtime Shift 1	Licensed Practical Nurse, Laporte District,	51.8700
5	99,999,999.0	0 HUR000000000100057022 Holiday/Overtime Shift 2	Licensed Practical Nurse, Laporte District,	51.8700
6	99,999,999.0	0 HUR000000000100057023 Holiday/Overtime Shift 3	Licensed Practical Nurse, Laporte District,	51.8700
7	99,999,999.0	0 HUR000000000100057024	Registered Nurse, Laporte District, Regular Shift 1	48.4200
8	99,999,999.0	0 HUR000000000100057025	Registered Nurse, Laporte District, Regular Shift 2	48.4200
9	99,999,999.0	0 HUR000000000100057026	Registered Nurse, Laporte District, Regular Shift 3	48.4200
10	99,999,999.0	0 HUR000000000100057027 Shift 1	Registered Nurse, Laporte District, Holiday/Overtime	72.6300
11	99,999,999.0	0 HUR000000000100057028 Shift 2	Registered Nurse, Laporte District, Holiday/Overtime	72.6300
12	99,999,999.0	0 HUR000000000100057029 Shift 3	Registered Nurse, Laporte District, Holiday/Overtime	72.6300
13	99,999,999.0	0 HUR000000000100057030 Shift 1	Clinical Nurse Specialist, Laporte District, Regular	49.9500
14	99,999,999.0	0 HUR000000000100057031 Shift 2	Clinical Nurse Specialist, Laporte District, Regular	49.9500
15	99,999,999.0	0 HUR000000000100057032 Shift 3	Clinical Nurse Specialist, Laporte District, Regular	49.9500
16	99,999,999.0	0 HUR000000000100057033 Holiday/Overtime Shift 1	Clinical Nurse Specialist, Laporte District,	74.9300
17	99,999,999.0	0 HUR000000000100057034 Holiday/Overtime Shift 2	Clinical Nurse Specialist, Laporte District,	74.9300
18	99,999,999.0	0 HUR0000000000100057035 Holiday/Overtime Shift 3	Clinical Nurse Specialist, Laporte District,	74.9300
19	99,999,999.0	0 HUR00000000100057042	Dental Assistant, Laporte District, Regular Shift 1	20.8000
20	99,999,999.0	0 HUR000000000100057043	Dental Assistant, Laporte District, Regular Shift 2	20.8000
21	99,999,999.0	0 HUR00000000100057044	Dental Assistant, Laporte District, Regular Shift 3	20.8000

Vendor WRIGHT WAY MEDICAL STAFF LLC

4727 N CO RD 300 E Remit to: FRANKFORT IN 46041

WRIGHT WAY MEDICAL STAFF LLC Name and

Address Cntct: TINA LAUGHNER of Vendor: 4727 N CO RD 300 E FRANKFORT IN 46041

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 08/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 208366073 Vendor Federal ID: Vendor Telephone Nbr: 765-258-3580 Name Of Contact Pers: TINA LAUGHNER

FAX Number: 765-358-3590

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT	Article and Description	Unit Price
22	99,999,999.00	0 HUR000000000100057045 Shift 1	Dental Assistant, Laporte District, Holiday/Overtime	31.2000
23	99,999,999.00	O HUR000000000100057046 Shift 2	Dental Assistant, Laporte District, Holiday/Overtime	31.2000
24	99,999,999.00	O HUR000000000100057047 Shift 3	Dental Assistant, Laporte District, Holiday/Overtime	31.2000
25	99,999,999.00	D HUR000000000100057054 1	Certified Nurse Aide, Laporte District, Regular Shift	22.1000
26	99,999,999.00	0 HUR000000000100057055 2	Certified Nurse Aide, Laporte District, Regular Shift	22.1000
27	99,999,999.00	D HUR000000000100057056 t3	Certified Nurse Aide, Laporte District, Regular Shif	22.1000
28	99,999,999.00	HUR000000000100057057 Holiday/Overtime Shift	Certified Nurse Aide, Laporte District,	33.1500
29	99,999,999.00	O HUR0000000000100057058 Holiday/Overtime Shift 2		33.1500
30	99,999,999.00	O HUR0000000000100057059 Holiday/Overtime Shift 3	Certified Nurse Aide, Laporte District,	33.1500
31	99,999,999.00	O HUR000000000100057060 Shift 1	Qualified Medication Aide, Laporte District, Regular	23.4900
32	99,999,999.00	O HUR000000000100057061 Shift 2	Qualified Medication Aide, Laporte District, Regular	23.4900
33	99,999,999.00	O HUR000000000100057062 Shift 3	Qualified Medication Aide, Laporte District, Regular	23.4900
34	99,999,999.00	HUR000000000100057063 Holiday/Overtime Shift	Qualified Medication Aide, Laporte District,	35.2400
35	99,999,999.00	O HUR0000000000100057064 Holiday/Overtime Shift 2		35.2400
36	99,999,999.00	O HUR0000000000100057065 Holiday/Overtime Shift 3	Qualified Medication Aide, Laporte District,	35.2400
37	99,999,999.00	0 HUR000000000100057066 1	Behavioral Clinician, Laporte District, Regular Shift	32.7500
38	99,999,999.00	0 HUR000000000100057067 2	Behavioral Clinician, Laporte District, Regular Shift	32.7500
39	99,999,999.00	HUR00000000100057068 3	Behavioral Clinician, Laporte District, Regular Shift	32.7500
40	99,999,999.00	0 HUR000000000100057069	Behavioral Clinician, Laporte District,	49.1300

Vendor WRIGHT WAY MEDICAL STAFF LLC

4727 N CO RD 300 E Remit to: FRANKFORT IN 46041

WRIGHT WAY MEDICAL STAFF LLC Name and

Address Cntct: TINA LAUGHNER of Vendor: 4727 N CO RD 300 E FRANKFORT IN 46041

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 08/31/2009 **Expiration Date:**

Agency Number: Facility:

RFP 7-14 208366073 Vendor Federal ID: Vendor Telephone Nbr: 765-258-3580 Name Of Contact Pers: TINA LAUGHNER **FAX Number:** 765-358-3590

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT Holiday/Overtime Shi	Article and Description ft 1	Unit Price
41	99,999,999.00	0 HUR000000000100057070 Holiday/Overtime Shift 2		49.1300
42	99,999,999.00	O HUR0000000000100057071 Holiday/Overtime Shift 3	Behavioral Clinician, Laporte District,	49.1300
43	99,999,999.00	0 HUR000000000100057096 Regular Shift 1	Licensed Practical Nurse, Fort Wayne District,	34.5800
44	99,999,999.00	O HUR000000000100057097 Regular Shift 2	Licensed Practical Nurse, Fort Wayne District,	34.5800
45	99,999,999.00	O HUR000000000100057098 Regular Shift 3	Licensed Practical Nurse, Fort Wayne District,	34.5800
46	99,999,999.00	O HUR000000000100057099 Holiday/Overtime Shift 1	Licensed Practical Nurse, Fort Wayne District,	51.8700
47	99,999,999.00	O HUR0000000000100057100 Holiday/Overtime Shift 2	Licensed Practical Nurse, Fort Wayne District,	51.8700
48	99,999,999.00	O HUR0000000000100057101 Holiday/Overtime Shift 3		51.8700
49	99,999,999.00	HUR000000000100057102 1	Registered Nurse, Fort Wayne District, Regular Shift	48.5400
50	99,999,999.00	0 HUR000000000100057103 2	Registered Nurse, Fort Wayne District, Regular Shift	48.5400
51	99,999,999.00	HUR00000000100057104 3	Registered Nurse, Fort Wayne District, Regular Shift	48.5400
52	99,999,999.00	O HUR0000000000100057105 Holiday/Overtime Shift 1		72.8100
53	99,999,999.00	O HUR0000000000100057106 Holiday/Overtime Shift 2	Registered Nurse, Fort Wyane District,	72.8100
54	99,999,999.00	O HUR0000000000100057107 Holiday/Overtime Shift 3		72.8100
55	99,999,999.00	O HUR0000000000100057108 Regular Shift 1	Clinical Nurse Specialist, Fort Wayne District,	49.9500
56	99,999,999.00	HUR000000000100057109 Regular Shift 2	Clinical Nurse Specialist, Fort Wayne District,	49.9500
57	99,999,999.00	HUR000000000100057110 Regular Shift 3	Clinical Nurse Specialist, Fort Wayne District,	49.9500
58	99,999,999.00	O HUR0000000000100057111 Holiday/Overtime Shift 1	Clinical Nurse Specialist, Fort Wayne District,	74.9300
59	99,999,999.00	0 HUR000000000100057112	Clinical Nurse Specialist, Fort Wayne District,	74.9300

Vendor WRIGHT WAY MEDICAL STAFF LLC

4727 N CO RD 300 E Remit to: FRANKFORT IN 46041

WRIGHT WAY MEDICAL STAFF LLC Name and

Address Cntct: TINA LAUGHNER of Vendor: 4727 N CO RD 300 E FRANKFORT IN 46041

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 08/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 208366073 Vendor Federal ID: Vendor Telephone Nbr: 765-258-3580 Name Of Contact Pers: TINA LAUGHNER **FAX Number:** 765-358-3590

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT Article and Description Holiday/Overtime Shift 2	Unit Price
60	99,999,999.00	0 HUR0000000100057113 Clinical Nurse Specialist, Fort Wayne District, Holiday/Overtime Shift 3	74.9300
61	99,999,999.00	0 HUR00000000100057120 Dental Assistant, Fort Wayne District, Regular Shift 1	20.8000
62	99,999,999.00	0 HUR00000000100057121 Dental Assistant, Fort Wayne District, Regular Shift 2	20.8000
63	99,999,999.00	0 HUR0000000100057122 Dental Assistant, Fort Wayne District, Regular Shift 3	20.8000
64	99,999,999.00	0 HUR0000000100057123 Dental Assistant, Fort Wayne District, Holiday/Overtime Shift 1	31.2000
65	99,999,999.00	0 HUR0000000100057124 Dental Assistant, Fort Wayne District, Holiday/Overtime Shift 2	31.2000
66	99,999,999.00	0 HUR0000000100057125 Dental Assistant, Fort Wayne District, Holiday/Overtime Shift 3	31.2000
67	99,999,999.00	0 HUR0000000100057132 Certified Nurse Aide, Fort Wayne District, Regular Shift 1	22.1000
68	99,999,999.00	0 HUR0000000100057133 Certified Nurse Aide, Fort Wayne District, Regular Shift 2	22.1000
69	99,999,999.00	0 HUR0000000100057134 Certified Nurse Aide, Fort Wayne District, Regular Shif t3	22.1000
70	99,999,999.00	0 HUR00000000100057135 Certified Nurse Aide, Fort Wayne District, Holiday/Overtime Shift 1	33.1500
71	99,999,999.00	0 HUR0000000100057136 Certified Nurse Aide, Fort Wayne District, Holiday/Overtime Shift 2	33.1500
72	99,999,999.00	0 HUR0000000100057137 Certified Nurse Aide, Fort Wayne District, Holiday/Overtime Shift 3	33.1500
73	99,999,999.00	0 HUR0000000100057138 Qualified Medication Aide, Fort Wayne District, Regular Shift 1	23.4900
74	99,999,999.00	0 HUR0000000100057139 Qualified Medication Aide, Fort Wayne District, Regular Shift 2	23.4900
75	99,999,999.00	0 HUR0000000100057140 Qualified Medication Aide, Fort Wayne District, Regular Shift 3	23.4900
76	99,999,999.00	0 HUR0000000100057141 Qualified Medication Aide, Fort Wayne District, Holiday/Overtime Shift 1	35.2400
77	99,999,999.00	0 HUR0000000100057142 Qualified Medication Aide, Fort Wayne District, Holiday/Overtime Shift 2	35.2400
78	99,999,999.00	0 HUR0000000100057143 Qualified Medication Aide, Fort Wayne District,	35.2400

Vendor WRIGHT WAY MEDICAL STAFF LLC

4727 N CO RD 300 E Remit to: FRANKFORT IN 46041

WRIGHT WAY MEDICAL STAFF LLC Name and

Address Cntct: TINA LAUGHNER of Vendor: 4727 N CO RD 300 E FRANKFORT IN 46041

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 08/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 208366073 Vendor Federal ID: Vendor Telephone Nbr: 765-258-3580 Name Of Contact Pers: TINA LAUGHNER **FAX Number:** 765-358-3590

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity UNIT Article and Description Holiday/Overtime Shift 3	Unit Price
79	99,999,999.00 HUR00000000100057144 Behavioral Clinician, Fort Wayne District, Regular Shift 1	32.7500
80	99,999,999.00 HUR00000000100057145 Behavioral Clinician, Fort Wayne District, Regular Shift 2	32.7500
81	99,999,999.00 HUR00000000100057146 Behavioral Clinician, Fort Wayne District, Regular Shift 3	32.7500
82	99,999,999.00 HUR00000000100057147 Behavioral Clinician, Fort Wayne District, Holiday/Overtime Shift 1	49.1300
83	99,999,999.00 HUR00000000100057148 Behavioral Clinician, Fort Wayne District, Holiday/Overtime Shift 2	49.1300
84	99,999,999.00 HUR00000000100057149 Behavioral Clinician, Fort Wayne District, Holiday/Overtime Shift 3	49.1300
85	99,999,999.00 HUR00000000100057174 Licensed Practical Nurse, Crawfordsville District, Regular Shift 1	34.5800
86	99,999,999.00 HUR00000000100057175 Licensed Practical Nurse, Crawfordsville District, Regular Shift 2	34.5800
87	99,999,999.00 HUR00000000100057176 Licensed Practical Nurse, Crawfordsville District, Regular Shift 3	34.5800
88	99,999,999.00 HUR00000000100057177 Licensed Practical Nurse, Crawfordsville District, Holiday/Overtime Shift 1	51.8700
89	99,999,999.00 HUR00000000100057178 Licensed Practical Nurse, Crawfordsville District, Holiday/Overtime Shift 2	51.8700
90	99,999,999.00 HUR00000000100057179 Licensed Practical Nurse, Crawfordsville District, Holiday/Overtime Shift 3	51.8700
91	99,999,999.00 HUR00000000100057180 Registered Nurse, Crawfordsville District, Regular Shift 1	45.7300
92	99,999,999.00 HUR00000000100057181 Registered Nurse, Crawfordsville District, Regular Shift 2	45.7300
93	99,999,999.00 HUR00000000100057182 Registered Nurse, Crawfordsville District, Regular Shift 3	45.7300
94	99,999,999.00 HUR00000000100057183 Registered Nurse, Crawfordsville District, Holiday/Overtime Shift 1	68.6000
95	99,999,999.00 HUR00000000100057184 Registered Nurse, Crawfordsville District, Holiday/Overtime Shift 2	68.6000
96	99,999,999.00 HUR00000000100057185 Registered Nurse, Crawfordsville District, Holiday/Overtime Shift 3	68.6000
97	99,999,999.00 HUR00000000100057186 Clinical Nurse Specialist, Crawfordsville District,	49.9500

Vendor WRIGHT WAY MEDICAL STAFF LLC

4727 N CO RD 300 E Remit to: FRANKFORT IN 46041

WRIGHT WAY MEDICAL STAFF LLC Name and

Address Cntct: TINA LAUGHNER of Vendor: 4727 N CO RD 300 E FRANKFORT IN 46041

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 08/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 208366073 Vendor Federal ID: Vendor Telephone Nbr: 765-258-3580 Name Of Contact Pers: TINA LAUGHNER **FAX Number:** 765-358-3590

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT Regular Shift 1	Article and Description	Unit Price
98	99,999,999.0	00 HUR000000000100057187 Regular Shift 2	Clinical Nurse Specialist, Crawfordsville District,	49.9500
99	99,999,999.0	00 HUR000000000100057188 Regular Shift 3	Clinical Nurse Specialist, Crawfordsville District,	49.9500
100	99,999,999.0	00 HUR000000000100057189 Holiday/Overtime Shift	Clinical Nurse Specialist, Crawfordsville District,	74.9300
101	99,999,999.0	00 HUR000000000100057190 Holiday/Overtime Shift 2		74.9300
102	99,999,999.0	00 HUR000000000100057191 Holiday/Overtime Shift :	Clinical Nurse Specialist, Crawfordsville District,	74.9300
103	99,999,999.0	00 HUR000000000100057198 Shift 1	Dental Assistant, Crawfordsville District, Regular	20.8000
104	99,999,999.0	00 HUR000000000100057199 Shift 2	Dental Assistant, Crawfordsville District, Regular	20.8000
105	99,999,999.0	00 HUR000000000100057200 Shift 3	Dental Assistant, Crawfordsville District, Regular	20.8000
106	99,999,999.0	00 HUR000000000100057201 Holiday/Overtime Shift	Dental Assistant, Crawfordsville District,	31.2000
107	99,999,999.0	00 HUR000000000100057202 Holiday/Overtime Shift 2		31.2000
108	99,999,999.0	00 HUR000000000100057203 Holiday/Overtime Shift :	Dental Assistant, Crawfordsville District,	31.2000
109	99,999,999.0	00 HUR000000000100057210 Regular Shift 1	Certified Nurse Aide, Crawfordsville District,	24.7000
110	99,999,999.0	00 HUR000000000100057211 Regular Shift 2	Certified Nurse Aide, Crawfordsville District,	24.7000
111	99,999,999.0	00 HUR000000000100057212 Regular Shif t3	Certified Nurse Aide, Crawfordsville District,	24.7000
112	99,999,999.0	00 HUR000000000100057213 Holiday/Overtime Shift		37.0500
113	99,999,999.0	00 HUR000000000100057214 Holiday/Overtime Shift 2	Certified Nurse Aide, Crawfordsville District,	37.0500
114	99,999,999.0	00 HUR000000000100057215 Holiday/Overtime Shift	Certified Nurse Aide, Crawfordsville District,	37.0500
115	99,999,999.0	00 HUR000000000100057216 Regular Shift 1	Qualified Medication Aide, Crawfordsville District,	26.1000
116	99,999,999.0	00 HUR000000000100057217	Qualified Medication Aide, Crawfordsville District,	26.1000

WRIGHT WAY MEDICAL STAFF LLC Vendor

4727 N CO RD 300 E Remit to: FRANKFORT IN 46041

WRIGHT WAY MEDICAL STAFF LLC Name and

Address Cntct: TINA LAUGHNER of Vendor: 4727 N CO RD 300 E FRANKFORT IN 46041

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 08/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 208366073 Vendor Federal ID: Vendor Telephone Nbr: 765-258-3580

Name Of Contact Pers: TINA LAUGHNER 765-358-3590 FAX Number:

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number		egular Shift 2	Article and Description	Unit Price
117	99,999,999.00 HUR00 R	00000000100057218 egular Shift 3	Qualified Medication Aide, Crawfordsville District,	26.1000
118	99,999,999.00 HUR00 H	00000000100057219 oliday/Overtime Shift 1	Qualified Medication Aide, Crawfordsville District,	39.1500
119	99,999,999.00 HUR00 H	00000000100057220 oliday/Overtime Shift 2	Qualified Medication Aide, Crawfordsville District,	39.1500
120		00000000100057221 oliday/Overtime Shift 3		39.1500
121	99,999,999.00 HUR00 R	00000000100057222 egular Shift 1	Behavioral Clinician, Crawfordsville District,	32.7500
122	99,999,999.00 HUR00 R	00000000100057223 egular Shift 2	Behavioral Clinician, Crawfordsville District,	32.7500
123	99,999,999.00 HUR00 R	00000000100057224 egular Shift 3	Behavioral Clinician, Crawfordsville District,	32.7500
124	99,999,999.00 HUR00 H	00000000100057225 oliday/Overtime Shift 1	Behavioral Clinician, Crawfordsville District,	49.1300
125		00000000100057226 oliday/Overtime Shift 2		49.1300
126		00000000100057227 oliday/Overtime Shift 3	Behavioral Clinician, Crawfordsville District,	49.1300
127	99,999,999.00 HUR00 R	00000000100057252 egular Shift 1	Licensed Practical Nurse, Greenfield District,	34.5800
128	99,999,999.00 HUR00 R	00000000100057253 egular Shift 2	Licensed Practical Nurse, Greenfield District,	34.5800
129	99,999,999.00 HUR00 R	00000000100057254 egular Shift 3	Licensed Practical Nurse, Greenfield District,	34.5800
130	99,999,999.00 HUR00 H	00000000100057255 oliday/Overtime Shift 1	Licensed Practical Nurse, Greenfield District,	51.8700
131	99,999,999.00 HUR00 H	00000000100057256 oliday/Overtime Shift 2	Licensed Practical Nurse, Greenfield District,	51.8700
132		00000000100057257 oliday/Overtime Shift 3	Licensed Practical Nurse, Greenfield District,	51.8700
133	99,999,999.00 HUR00 1	00000000100057258	Registered Nurse, Greenfield District, Regular Shift	48.5400
134	99,999,999.00 HUR00 2	00000000100057259	Registered Nurse, Greenfield District, Regular Shift	48.5400
135	99,999,999.00 HUR00	00000000100057260	Registered Nurse, Greenfield District, Regular Shift	48.5400

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 08/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 208366073 Vendor Federal ID: Vendor Telephone Nbr: 765-258-3580 Name Of Contact Pers: TINA LAUGHNER **FAX Number:** 765-358-3590

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT 3	Article and Description	Unit Price
136	99,999,999	.00 HUR000000000100057261 Holiday/Overtime Shift	Registered Nurse, Greenfield District,	72.8100
137	99,999,999	.00 HUR000000000100057262 Holiday/Overtime Shift		72.8100
138	99,999,999	.00 HUR000000000100057263 Holiday/Overtime Shift	Registered Nurse, Greenfield District,	72.8100
139	99,999,999	.00 HUR000000000100057264 Regular Shift 1	Clinical Nurse Specialist, Greenfield District,	49.9500
140	99,999,999	.00 HUR000000000100057265 Regular Shift 2	Clinical Nurse Specialist, Greenfield District,	49.9500
141	99,999,999	.00 HUR000000000100057266 Regular Shift 3	Clinical Nurse Specialist, Greenfield District,	49.9500
142	99,999,999	.00 HUR000000000100057267 Holiday/Overtime Shift		74.9300
143	99,999,999	.00 HUR000000000100057268 Holiday/Overtime Shift	Clinical Nurse Specialist, Greenfield District, 2	74.9300
144	99,999,999	.00 HUR000000000100057269 Holiday/Overtime Shift	Clinical Nurse Specialist, Greenfield District,	74.9300
145	99,999,999	.00 HUR000000000100057276 1	Dental Assistant, Greenfield District, Regular Shift	20.8000
146	99,999,999	.00 HUR000000000100057277 2	Dental Assistant, Greenfield District, Regular Shift	20.8000
147	99,999,999	.00 HUR000000000100057278 3	Dental Assistant, Greenfield District, Regular Shift	20.8000
148	99,999,999	.00 HUR000000000100057279 Holiday/Overtime Shift	Dental Assistant, Greenfield District,	31.2000
149	99,999,999	.00 HUR000000000100057280 Holiday/Overtime Shift		31.2000
150	99,999,999	.00 HUR000000000100057281 Holiday/Overtime Shift	Dental Assistant, Greenfield District,	31.2000
151	99,999,999	.00 HUR000000000100057288 Shift 1	Certified Nurse Aide, Greenfield District, Regular	22.1000
152	99,999,999	.00 HUR000000000100057289 Shift 2	Certified Nurse Aide, Greenfield District, Regular	22.1000
153	99,999,999	.00 HUR000000000100057290 Shif t3	Certified Nurse Aide, Greenfield District, Regular	22.1000
154	99,999,999	.00 HUR00000000100057291	Certified Nurse Aide, Greenfield District,	33.1500

Vendor WRIGHT WAY MEDICAL STAFF LLC

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 08/31/2009 **Expiration Date:**

Agency Number: Facility:

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In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number		Article and Description /Overtime Shift 1	Unit Price
155		00100057292 Certified Nurse Aide, Greenfield District, Overtime Shift 2	33.1500
156		00100057293 Certified Nurse Aide, Greenfield District, Overtime Shift 3	33.1500
157	99,999,999.00 HUR00000000 Regular S		23.4900
158	99,999,999.00 HUR00000000 Regular S		23.4900
159	99,999,999.00 HUR00000000 Regular S		23.4900
160	99,999,999.00 HUR00000000 Holiday/C	00100057297 Qualified Medication Aide, Greenfield District, Overtime Shift 1	35.2400
161	99,999,999.00 HUR00000000 Holiday/C	00100057298 Qualified Medication Aide, Greenfield District, Overtime Shift 2	35.2400
162		00100057299 Qualified Medication Aide, Greenfield District, Overtime Shift 3	35.2400
163	99,999,999.00 HUR00000000 Shift 1	00100057300 Behavioral Clinician, Greenfield District, Regular	32.7500
164	99,999,999.00 HUR00000000 Shift 2	00100057301 Behavioral Clinician, Greenfield District, Regular	32.7500
165	99,999,999.00 HUR00000000 Shift 3	00100057302 Behavioral Clinician, Greenfield District, Regular	32.7500
166	99,999,999.00 HUR00000000 Holiday/C	00100057303 Behavioral Clinician, Greenfield District, Overtime Shift 1	49.1300
167	99,999,999.00 HUR00000000 Holiday/C	00100057304 Behavioral Clinician, Greenfield District, Overtime Shift 2	49.1300
168	99,999,999.00 HUR00000000 Holiday/C	00100057305 Behavioral Clinician, Greenfield District, Overtime Shift 3	49.1300
169	99,999,999.00 HUR00000000 Shift 1	00100057330 Licensed Practical Nurse, Seymour District, Regular	34.5800
170	99,999,999.00 HUR00000000 Shift 2	00100057331 Licensed Practical Nurse, Seymour District, Regular	34.5800
171	99,999,999.00 HUR00000000 Shift 3	00100057332 Licensed Practical Nurse, Seymour District, Regular	34.5800
172	99,999,999.00 HUR00000000 Holiday/C	00100057333 Licensed Practical Nurse, Seymour District, Overtime Shift 1	51.8700
173	99,999,999.00 HUR00000000	00100057334 Licensed Practical Nurse, Seymour District,	51.8700

WRIGHT WAY MEDICAL STAFF LLC Vendor

4727 N CO RD 300 E Remit to: FRANKFORT IN 46041

WRIGHT WAY MEDICAL STAFF LLC Name and

Address Cntct: TINA LAUGHNER of Vendor: 4727 N CO RD 300 E FRANKFORT IN 46041

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 08/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 208366073 Vendor Federal ID: Vendor Telephone Nbr: 765-258-3580 Name Of Contact Pers: TINA LAUGHNER 765-358-3590 FAX Number:

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT Holiday/Overtime Shi	Article and Description ft 2	Unit Price
174	99,999,999.0	0 HUR0000000000100057335 Holiday/Overtime Shift 3	Licensed Practical Nurse, Seymour District,	51.8700
175	99,999,999.0	0 HUR00000000100057336	Registered Nurse, Seymour District, Regular Shift 1	48.5400
176	99,999,999.0	0 HUR000000000100057337	Registered Nurse, Seymour District, Regular Shift 2	48.5400
177	99,999,999.0	0 HUR00000000100057338	Registered Nurse, Seymour District, Regular Shift 3	48.5400
178	99,999,999.0	0 HUR000000000100057339 Shift 1	Registered Nurse, Seymour District, Holiday/Overtime	72.8100
179	99,999,999.0	0 HUR000000000100057340 Shift 2	Registered Nurse, Seymour District, Holiday/Overtime	72.8100
180	99,999,999.0	0 HUR000000000100057341 Shift 3	Registered Nurse, Seymour District, Holiday/Overtime	72.8100
181	99,999,999.0	0 HUR000000000100057342 Shift 1	Clinical Nurse Specialist, Seymour District, Regular	49.9500
182	99,999,999.0	0 HUR000000000100057343 Shift 2	Clinical Nurse Specialist, Seymour District, Regular	49.9500
183	99,999,999.0	0 HUR000000000100057344 Shift 3	Clinical Nurse Specialist, Seymour District, Regular	49.9500
184	99,999,999.0	0 HUR000000000100057345 Holiday/Overtime Shift 1	Clinical Nurse Specialist, Seymour District,	74.9300
185	99,999,999.0	0 HUR0000000000100057346 Holiday/Overtime Shift 2	Clinical Nurse Specialist, Seymour District,	74.9300
186	99,999,999.0	0 HUR0000000000100057347 Holiday/Overtime Shift 3	Clinical Nurse Specialist, Seymour District,	74.9300
187	99,999,999.0	0 HUR00000000100057354	Dental Assistant, Seymour District, Regular Shift 1	20.8000
188	99,999,999.0	0 HUR00000000100057355	Dental Assistant, Seymour District, Regular Shift 2	20.8000
189	99,999,999.0	0 HUR00000000100057356	Dental Assistant, Seymour District, Regular Shift 3	20.8000
190	99,999,999.0	0 HUR000000000100057357 Shift 1	Dental Assistant, Seymour District, Holiday/Overtime	31.2000
191	99,999,999.0	0 HUR000000000100057358 Shift 2	Dental Assistant, Seymour District, Holiday/Overtime	31.2000
192	99,999,999.0	0 HUR000000000100057359 Shift 3	Dental Assistant, Seymour District, Holiday/Overtime	31.2000
193	99,999,999.0	0 HUR000000000100057366 1	Certified Nurse Aide, Seymour District, Regular Shift	22.1000
194	99,999,999.0	0 HUR00000000100057367	Certified Nurse Aide, Seymour District, Regular Shift	22.1000

WRIGHT WAY MEDICAL STAFF LLC Vendor

4727 N CO RD 300 E Remit to: FRANKFORT IN 46041

WRIGHT WAY MEDICAL STAFF LLC Name and

Address Cntct: TINA LAUGHNER of Vendor: 4727 N CO RD 300 E FRANKFORT IN 46041

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 08/31/2009 **Expiration Date:**

Agency Number:

Facility: RFP 7-14 208366073 Vendor Federal ID: Vendor Telephone Nbr: 765-258-3580 Name Of Contact Pers: TINA LAUGHNER 765-358-3590 **FAX Number:**

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement

Line Number	Quantity UNIT 2	Article and Description	Unit Price
195	99,999,999.00 HUR0000000001 t3	100057368 Certified Nurse Aide, Seymour District, Regular Shif	22.1000
196	99,999,999.00 HUR0000000001 Holiday/Ove		33.1500
197		100057370 Certified Nurse Aide, Seymour District, ertime Shift 2	33.1500
198	99,999,999.00 HUR0000000001 Holiday/Ove		33.1500
199	99,999,999.00 HUR0000000001 Shift 1	100057372 Qualified Medication Aide, Seymour District, Regular	23.4900
200	99,999,999.00 HUR0000000001 Shift 2	100057373 Qualified Medication Aide, Seymour District, Regular	23.4900
201	99,999,999.00 HUR0000000001 Shift 3	100057374 Qualified Medication Aide, Seymour District, Regular	23.4900
202	99,999,999.00 HUR0000000001 Holiday/Ove		35.2400
203	99,999,999.00 HUR0000000001 Holiday/Ove	100057376 Qualified Medication Aide, Seymour District, ertime Shift 2	35.2400
204	99,999,999.00 HUR0000000001 Holiday/Ove		35.2400
205	99,999,999.00 HUR0000000001 1	100057378 Behavioral Clinician, Seymour District, Regular Shift	32.7500
206	99,999,999.00 HUR0000000001 2	100057379 Behavioral Clinician, Seymour District, Regular Shift	32.7500
207	99,999,999.00 HUR0000000001 3	100057380 Behavioral Clinician, Seymour District, Regular Shift	32.7500
208	99,999,999.00 HUR0000000001 Holiday/Ove		49.1300
209	99,999,999.00 HUR0000000001 Holiday/Ove	100057382 Behavioral Clinician, Seymour District, ertime Shift 2	49.1300
210	99,999,999.00 HUR0000000001 Holiday/Ove		49.1300
211	99,999,999.00 HUR0000000001 Shift 1	100057408 Licensed Practical Nurse, Vincennes District, Regular	34.5800
212	99,999,999.00 HUR0000000001 Shift 2	100057409 Licensed Practical Nurse, Vincennes District, Regular	34.5800
213	99,999,999.00 HUR0000000001	100057410 Licensed Practical Nurse, Vincennes District, Regular	34.5800

Vendor WRIGHT WAY MEDICAL STAFF LLC

4727 N CO RD 300 E Remit to: FRANKFORT IN 46041

WRIGHT WAY MEDICAL STAFF LLC Name and

Address Cntct: TINA LAUGHNER of Vendor: 4727 N CO RD 300 E FRANKFORT IN 46041

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 08/31/2009 **Expiration Date:**

Agency Number: Facility:

RFP 7-14 208366073 Vendor Federal ID: Vendor Telephone Nbr: 765-258-3580 Name Of Contact Pers: TINA LAUGHNER **FAX Number:** 765-358-3590

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT Shift 3	Article and Description	Unit Price
214	99,999,999.	.00 HUR0000000001000574 Holiday/Overtime Sh		51.8700
215	99,999,999.	.00 HUR0000000001000574 Holiday/Overtime Sh	12 Licensed Practical Nurse, Vincennes District, nift 2	51.8700
216	99,999,999	.00 HUR0000000001000574 Holiday/Overtime Sh		51.8700
217	99,999,999	.00 HUR000000001000574	14 Registered Nurse, Vincennes District, Regular Shift 1	48.5400
218	99,999,999	.00 HUR000000001000574	15 Registered Nurse, Vincennes District, Regular Shift 2	48.5400
219	99,999,999	.00 HUR000000001000574	16 Registered Nurse, Vincennes District, Regular Shift 3	48.5400
220	99,999,999.	00 HUR0000000001000574 Holiday/Overtime Sh		72.8100
221	99,999,999.	00 HUR0000000001000574 Holiday/Overtime Sh		72.8100
222	99,999,999	00 HUR0000000001000574 Holiday/Overtime Sh		72.8100
223	99,999,999.	00 HUR00000000010005742 Regular Shift 1	20 Clinical Nurse Specialist, Vincennes District,	49.9500
224	99,999,999.	.00 HUR00000000010005742 Regular Shift 2	21 Clinical Nurse Specialist, Vincennes District,	49.9500
225	99,999,999.	.00 HUR00000000010005742 Regular Shift 3	22 Clinical Nurse Specialist, Vincennes District,	49.9500
226	99,999,999.	.00 HUR00000000010005742 Holiday/Overtime Sh		74.9300
227	99,999,999.	.00 HUR00000000010005742 Holiday/Overtime Sh		74.9300
228	99,999,999.	.00 HUR00000000010005742 Holiday/Overtime Sh	25 Clinical Nurse Specialist, Vincennes District, ift 3	74.9300
229	99,999,999	.00 HUR00000000010005743	Dental Assistant, Vincennes District, Regular Shift 1	20.8000
230	99,999,999	.00 HUR00000000010005743	33 Dental Assistant, Vincennes District, Regular Shift 2	20.8000
231	99,999,999	.00 HUR00000000010005743	Dental Assistant, Vincennes District, Regular Shift 3	20.8000
232	99,999,999.	00 HUR00000000010005743 Holiday/Overtime Sh		31.2000
233	99,999,999	.00 HUR00000000010005743 Holiday/Overtime Sh		31.2000
234	99,999,999	.00 HUR00000000010005743	37 Dental Assistant, Vincennes District,	31.2000

WRIGHT WAY MEDICAL STAFF LLC Vendor

4727 N CO RD 300 E Remit to: FRANKFORT IN 46041

WRIGHT WAY MEDICAL STAFF LLC Name and

Address Cntct: TINA LAUGHNER of Vendor: 4727 N CO RD 300 E FRANKFORT IN 46041

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ASA7-7-40 Medical Temp Requisition Nbr.:

09/01/2007 Effective Date: 08/31/2009 **Expiration Date:**

Agency Number: Facility:

RFP 7-14 208366073 Vendor Federal ID: Vendor Telephone Nbr: 765-258-3580 Name Of Contact Pers: TINA LAUGHNER **FAX Number:** 765-358-3590

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

Line Number	Quantity	UNIT Article and Description Holiday/Overtime Shift 3	Unit Price
235	99,999,999.00	0 HUR00000000100057444 Certified Nurse Aide, Vincennes District, Regular Shift 1	22.1000
236	99,999,999.00	0 HUR00000000100057445 Certified Nurse Aide, Vincennes District, Regular Shift 2	22.1000
237	99,999,999.00	0 HUR00000000100057446 Certified Nurse Aide, Vincennes District, Regular Shif t3	22.1000
238	99,999,999.00	0 HUR00000000100057447 Certified Nurse Aide, Vincennes District, Holiday/Overtime Shift 1	33.1500
239	99,999,999.00	0 HUR00000000100057448 Certified Nurse Aide, Vincennes District, Holiday/Overtime Shift 2	33.1500
240	99,999,999.00	0 HUR00000000100057449 Certified Nurse Aide, Vincennes District, Holiday/Overtime Shift 3	33.1500
241	99,999,999.00	0 HUR00000000100057450 Qualified Medication Aide, Vincennes District, Regular Shift 1	23.4900
242	99,999,999.00	0 HUR00000000100057451 Qualified Medication Aide, Vincennes District, Regular Shift 2	23.4900
243	99,999,999.00	0 HUR00000000100057452 Qualified Medication Aide, Vincennes District, Regular Shift 3	23.4900
244	99,999,999.00	0 HUR00000000100057453 Qualified Medication Aide, Vincennes District, Holiday/Overtime Shift 1	35.2400
245	99,999,999.00	0 HUR00000000100057454 Qualified Medication Aide, Vincennes District, Holiday/Overtime Shift 2	35.2400
246	99,999,999.00	0 HUR00000000100057455 Qualified Medication Aide, Vincennes District, Holiday/Overtime Shift 3	35.2400
247	99,999,999.00	0 HUR00000000100057456 Behavioral Clinician, Vincennes District, Regular Shift 1	32.7500
248	99,999,999.00	0 HUR00000000100057457 Behavioral Clinician, Vincennes District, Regular Shift 2	32.7500
249	99,999,999.00	0 HUR00000000100057458 Behavioral Clinician, Vincennes District, Regular Shift 3	32.7500
250	99,999,999.00	0 HUR00000000100057459 Behavioral Clinician, Vincennes District, Holiday/Overtime Shift 1	49.1300
251	99,999,999.00	0 HUR00000000100057460 Behavioral Clinician, Vincennes District, Holiday/Overtime Shift 2	49.1300
252	99,999,999.00	0 HUR00000000100057461 Behavioral Clinician, Vincennes District, Holiday/Overtime Shift 3	49.1300

Vendor WRIGHT WAY MEDICAL STAFF LLC

4727 N CO RD 300 E Remit to: FRANKFORT IN 46041 **Expiration Date: Agency Number:**

Effective Date: 09/01/2007 08/31/2009

Requisition Nbr.:

Facility: RFP 7-14 Vendor Federal ID: 208366073 Vendor Telephone Nbr: 765-258-3580 Name Of Contact Pers: TINA LAUGHNER **FAX Number:** 765-358-3590

Page 14 of 14

Unit Price

ASA7-7-40 Medical Temp

Name and Address

WRIGHT WAY MEDICAL STAFF LLC

Cntct: TINA LAUGHNER of Vendor: 4727 N CO RD 300 E FRANKFORT IN 46041

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number Quantity UNIT **Article and Description**

The following UN/CEFACT Unit of Measure Common Codes are used in this document:

HUR Hour

Signature of Purchasing Officer		Typed Name	Signature Of Approval Office Of the State Attorney General	
		Date Signed	Typed Name	Date Signed
Authorized Signature Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204 Telephone: (317) 232-3053				